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Date of Deposit: September 28, 2006

Depositor: Robert Faber

Robert Faber 9/28/06
(Signature & date)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE	
In re application of: Kohji Murayama et al.	Date: September 28, 2006
Serial Number: 10/689,202	Examiner: Anthony J. Canning
Filed: 10/20/2003	Group Art Unit: 2879
Title: ORGANIC ELECTROLUMINESCENT DEVICE AND DISPLAY APPARATUS	IBM Corporation D/18G, B/321, Zip 482 2070 Route 52 Hopewell Junction, NY 12533-6531

AMENDMENT

Commissioner for Patents

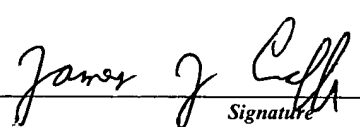
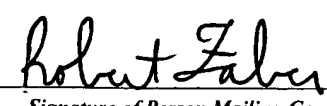
P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 28, 2006, the following Amendment is being submitted to place the above identified application in prima facie condition for allowance. Please amend the application as follows:

IFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Kohji Murayama et al.					JP920010391US1	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/689,202	10/20/2003	Anthony J. Canning	32074	2879	4460	
Invention: ORGANIC ELECTROLUMINESCENT DEVICE AND DISPLAY APPARATUS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div>						
<div style="text-align: center;"> _____ Signature</div> <p>James J. Cioffi Attorney for Applicant Registration No. 51,564 Telephone No. 845-894-3363 Fax No. 845-892-6363</p>			<p>Dated: September 28, 2006</p>			
cc:			<div style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center;">September 28, 2006 (Date)</div> <div style="text-align: center;"> _____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">Robert Faber _____ Typed or Printed Name of Person Mailing Correspondence</div>			